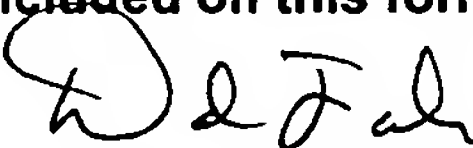
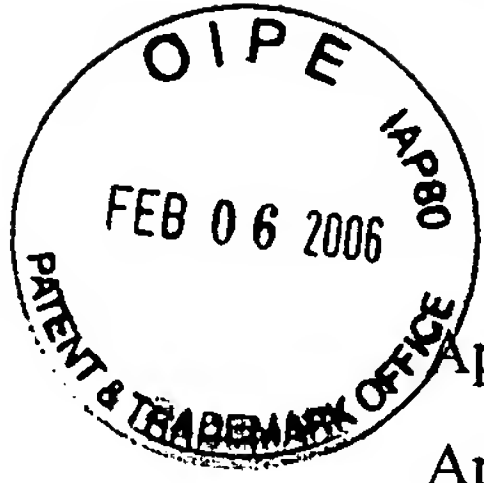


|  |  |   |  |                               |                                 |  |
|--|--|---|--|-------------------------------|---------------------------------|--|
| <b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>   |  |   |  |                               | Docket No.<br><b>13999-2</b>    |  |
| Applicant(s): <b>PETROFSKY, Jerrold S.</b>   |  |   |  |                               |                                 |  |
| Application No.<br><b>10/605,132</b>   | Filing Date<br><b>September 10, 2003</b> | Examiner<br><b>JASTRZAB, Jeffrey R.</b> | Customer No.<br><b>23676</b>   | Group Art Unit<br><b>2811</b> | Confirmation No.<br><b>2131</b> |  |
| Invention: <b>WOUND HEALING WITH FEEDBACK CONTROL</b>  |  |   |  |                               |                                 |  |
| <div style="float: left; border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 150px; margin: 0 auto;"><b>USPTO</b><br/><b>FEB 06 2006</b><br/><b>PATENT &amp; TRADEMARK OFFICE</b></div> <div style="clear: both;"></div> <b>COMMISSIONER FOR PATENTS:</b>   |  |   |  |                               |                                 |  |
| Transmitted herewith is an amendment in the above-identified application.  |  |   |  |                               |                                 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  |   |  |                               |                                 |  |
| The fee has been calculated and is transmitted as shown below.   |  |   |  |                               |                                 |  |
| <b>CLAIMS AS AMENDED</b>   |  |   |  |                               |                                 |  |
|  | CLAIMS REMAINING<br>AFTER AMENDMENT      | HIGHEST #<br>PREV. PAID FOR             | NUMBER EXTRA<br>CLAIMS PRESENT   | RATE                          | ADDITIONAL<br>FEE               |  |
| TOTAL CLAIMS   | 11 -                                     | 21 =                                    | 0  | x \$25.00                     | \$0.00                          |  |
| INDEP. CLAIMS  | 4 -                                      | 5 =                                     | 0  | x \$100.00                    | \$0.00                          |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |  |   |  |                               | \$0.00                          |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>   |  |   |  |                               | <b>\$0.00</b>                   |  |
| <div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-2090</b><div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></div> |  |   |  |                               |                                 |  |
| <div style="text-align: right;"><br/>_____<br/><i>Signature</i></div>   |  |   | Dated: <b>February 6, 2006</b>   |                               |                                 |  |
| <div><b>David A. Farah, M.D.</b><br/><b>SHELDON &amp; MAK PC</b><br/><b>225 South Lake Avenue, 9th Floor</b><br/><b>Pasadena, California 91101</b><br/><b>Tel.: (626) 796-4000</b><br/><b>Fax: (626) 795-6321</b><br/><b>E-mail: david@usip.com</b></div>  |  |   | <div><div>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on<br/><div style="text-align: center;"><b>February 6, 2006</b><br/>(Date)</div></div><div style="text-align: center;"><i>Signature of Person Mailing Correspondence</i><br/><b>VIA EXPRESS MAIL (Label No. 495094752 US)</b><br/><i>Typed or Printed Name of Person Mailing Correspondence</i></div></div> |                               |                                 |  |
| cc: <b>Loma Linda University</b>   |  |   |  |                               |                                 |  |

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : PETROFSKY, Jerrold S.  
Application Number : 10/605,132  
Filing Date : September 10, 2003  
Title : Wound Healing With Feedback Control  
Customer Number : 23676  
Group Art Unit : 2811  
Examiner : JASTRZAB, Jeffrey R.  
Confirmation Number : 2131

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**RESPONSE AND AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the outstanding Office Action dated November 17, 2005, please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begin on page 3 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.